STATE OF INDIANA)	BEFORE THE	INDIANA
COUNTY OF MARION) SS:)	COMMISSION	NER OF INSURANCE
		CAUSE NUMBER: 10048-AG11-0216-035	
IN THE MATTER OF:			
Frank Kinnett		.)	
Agent / Respondent)	FILED
3455 Peachtree Rd. STE 1600))	
Atlanta, GA 30326)	MAR 10 2011
Type of Agency Action: Enfor	rcement	j	STATE OF INDIANA DEPT. OF INSURANCE
Indiana Insurance License No	560205)	DEPT. OF INSURANCE

FINAL ORDER AND APPROVAL

The Indiana Department of Insurance ("Department") and Frank Kinnett ("Respondent"), a licensed non-resident Indiana Insurance producer, signed an Agreed Entry which purports to resolve all issues involved in the action by the Department regarding Respondent's license, and which has been submitted to the Commissioner of Insurance (the "Commissioner") for approval. (See Exhibit 'A' attached hereto)

The Commissioner, after reviewing the Agreed Entry, finds it has been entered into fairly and without fraud, duress or undue influence, and is fair and equitable between the parties. The Commissioner hereby incorporates the Agreed Entry as if fully set forth herein, and approves and adopts in full the Agreed Entry as a resolution of this matter.

IT IS THEREFORE ORDERED by the Commissioner of Insurance:

- 1. Respondent shall pay an administrative fine in the amount of five hundred and fifty dollars (\$550.00), payable within sixty (60) days from the date this Final Order is filed.
- 2. Respondent, if Respondent has not already done so, shall file a semi-annual tax report for January through June 2010 within ten (10) days from the date this Final Order is filed.

- 3. Respondent shall be on probation for a period of one (1) year during which time, and at all times in the future, Respondent shall comply with Indiana Insurance Law including Indiana Code 27-1-15.8-4(c).
- 4. The Department shall accept Respondent's compliance with the terms of this Final Order as full resolution of this matter.

ALL OF WHICH IS ORDERED this 10th day of May C

10vch, 2011

Stephen W. Robertson, Commissioner Indiana Department of Insurance

Distribution:

Laura A. W. Levenhagen
INDIANA DEPARTMENT OF INSURANCE
311 West Washington Street, Suite 300
Indianapolis, Indiana 46204-2787

Frank Kinnett 3455 Peachtree Rd. STE 1600 Atlanta, GA 30326

STATE OF INDIANA)) SS:	BEFORE THE INDIANA	
COUNTY OF MARION)	COMMISSIONER OF INSURANCE	
		CAUSE NUMBER: 10048-AG11-0216-035	
IN THE MATTER OF:			
Frank Kinnett)	
Agent / Respondent) 	
3455 Peachtree Rd. STE 160	0	; FILED	
Atlanta, GA 30326) MAR 10 2011	
Type of Agency Action: Enfo	rcement	`	
Indiana Insurance License N	o.:560205	STATE OF INDIANA DEPT OF INSURANCE	

AGREED ENTRY

This Agreed Entry is entered into by Laura A. W. Levenhagen, attorney for and on behalf of the State of Indiana, Department of Insurance ("Department"), and Frank Kinnett ("Respondent"), a licensed Indiana non-resident insurance producer holding license number 560205, to resolve all matters in the above referenced administrative action. This Agreed Entry is subject to the review and approval of The Commissioner for the Indiana Department of Insurance.

WHEREAS, Respondent is a licensed non-resident insurance producer holding license number - 560205.

WHEREAS, Respondent has been qualified as a surplus lines producer in accordance with and as defined under Indiana Code Section 27-1-15.8 *et seq* and is therefore bound by all requirements and restrictions contained therein.

WHEREAS, pursuant to Indiana Code 27-1-15.8-4(c) Respondent was required to file a semi-annual tax report for January through June 2010 on of before August 1, 2010.

WHEREAS, Respondent failed to file the above referenced tax report with the correct information by the specified deadline in violation of Indiana Code 27-1-15.8-4(c).

WHEREAS, the Department and Respondent desire to resolve their differences and settle the issues without the necessity of a hearing;

IT IS THEREFORE, NOW AGREED by and between the parties as follows:

- 1. The Commissioner has jurisdiction over the subject matter and the Respondent in this administrative action.
- 2. This Agreed Entry is executed voluntarily by the parties. Respondent voluntarily and freely waives the right to a public hearing on this matter.
- 3. Respondent voluntarily and freely waives the right to petition for judicial review of this agreement and the Commissioner's Final Order.
- 4. Respondent agrees to pay an administrative fine in the amount of five hundred and fifty dollars (\$550.00), payable within sixty (60) days from the date the Commission files the Final Order in this matter.
- 5. Respondent agrees, if Respondent has not already done so, to file a semi-annual tax report for January through June 2010 within ten (10) days from the date the Commission files the Final Order in this matter.
- 6. Respondent agrees to a probationary period of one (1) year during which time, and at all times in the future, Respondent shall comply with Indiana Insurance Law including Indiana Code 27-1-15.8-4(c).
- 7. The Department agrees to accept Respondent's compliance with the agreement herein as full satisfaction of this matter.
- 8. Respondent has carefully read and examined this agreement and fully understands its terms.
- 9. Respondent has entered into this agreement freely, and has not been subject to duress, threat or undue influence.

- 10. Should this Agreed Entry not be accepted by the Commissioner, it is agreed that presentation to and consideration of this Agreed Entry by the Commissioner shall not unfairly or illegally prejudice the Commissioner from further participation in or resolution of these proceedings.
- 11. Respondent is aware that failure to comply with any term of this agreement will result in the matter being set for hearing.

<u>3-|-||</u> Date Signed

Laura A. W. Levenhagen, Attorney Indiana Department of Insurance

Date Signed

rank Kinnett, Respondent

STATE OF				
county of <u>Fulton</u>) ss:				
Before me a Notary Public for FORSYTH County, State of GA, personally				
appeared Frank Kinnett and being first duly sworn by me upon his oath, states that the facts alleged in the				
foregoing instrument, are true. Signed and sealed this 23 day of February 2011. Notary Signature Notary Name Printed				
My Commission expires: <u>July 8, 2014</u>				
County of Residence: Torsyth				

Return original NOTARIZED document to:

INDIANA DEPARTMENT OF INSURANCE Enforcement Division Suite 300 311 West Washington Street Indianapolis, IN 46204-2787 317/233-4243 - telephone 317/232-5251 - facsimile